

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Terri Martens

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(5), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-2-14	ID# CK#	Les Felling 2884 Hwy 30 Denison IA 51442		\$ 40.00	<input type="checkbox"/>
	ID# CK#	Lyle Flesher 1641 5th Ave Denison IA 51442		50.00	<input type="checkbox"/>
	ID# CK#	Joann Sackan 1649 LAve Charter Oak IA 51439		50.00	<input type="checkbox"/>
	ID# CK#	Denise Melvers 1850 m Ave Denison IA 51442		50.00	<input type="checkbox"/>
	ID# CK#	Don Muhlbauer 3316 370th St Mamelle IA 51454		40.00	<input type="checkbox"/>
	ID# CK#	Jeri G. Vogt 2998 Ewing Rd Pocahontas IA 51528		100.00	<input type="checkbox"/>
	ID# CK#	Pat Berner 2150 Deloit Blvd Denison 51442		25.00	<input type="checkbox"/>
	ID# CK#	Marion Bachmann 2916 Hwy 30 Denison IA 51442		50.00	<input type="checkbox"/>
	ID# CK#	Michelle Olson 3161 W Ave Mamelle IA 51454		25.00	<input type="checkbox"/>
	ID# CK#	Vicki Griffin 2744 Hwy 59 Denison 51442		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 450.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Terri Martens

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/20/09	ID# CK#	John Lawler 609 Somerset St Des Moines IA 50315		\$ 50.00	<input type="checkbox"/>
	ID# CK#	Vic Thomas 1775 Q Ave Des Moines IA 50328		40.00	<input type="checkbox"/>
	ID# CK#	Tom Gustafson 2405 Frontier Rd Des Moines IA 50342		50.00	<input type="checkbox"/>
	ID# CK#	Anonymous		100.00	<input type="checkbox"/>
	ID# CK#	Jim Langerfeld 890 230th St Des Moines IA 50328		100.00	<input type="checkbox"/>
	ID# CK#	Connie Martens 1967 253rd St Des Moines IA 50342	mother-in-law	200.00	<input type="checkbox"/>
	ID# CK#	Peggy Muller 1104 3rd Ave S Des Moines IA 50342		150.00	<input type="checkbox"/>
	ID# CK#	Drexel M Nixon 318 S. 15th St Des Moines IA 50342		50.00	<input type="checkbox"/>
	ID# CK#	Crawford Co. Democrats		112.50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

882.50

TOTAL (if last page of this schedule)

\$ 1302.50

\$ 1302.50

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES:** NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME (Must be same as on Statement of Organization)**
*Committee to Elect Terri Martens*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-13-09	ID# CK# 1001	Design 4 Dae 3232 HAWK Omaha NE	yard signs	\$ 335.98
5-17-09	ID# CK# 1002	Holly Wood Graphics 2363 Arrowhead Rd Des Moines IA 50342	signs	433.14
5-22-09	ID# CK# 1003	Design 4 Dae 3232 HAWK Omaha NE	yard signs	197.95
5-22-09	ID# CK# 1004	Channel 18	TV advertising	88.00
5-22-09	ID# CK# 1005	Media Solution	flyers	40.13
5-20-09	ID# CK#	Media Solution Smart Shopper	Front page Smart Shopper Also paper advertising	400.00
	ID# CK#			
	ID# CK#			
	ID# CK#			1495.20
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 88A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5-20-09	Cabela's credit card for Media Solutions	Newspaper Advertising	\$ 192.70
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

\*If actual figure is unknown, show "estimated" beside the figure.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Terri Martin

SCHEDULE  
E  
(Rev. 08/97)IN-KIND  
CONTRIBUTIONS☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5-3- 2009	Michele Olson 3161 W Ave Merrillallt	None	Paint	\$ 20.00	<input type="checkbox"/>
5-3 2009	Denise Meeves 1850 M Ave Merrillallt	None	Plywood	\$ 40.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last  
page of this  
schedule)

\$

60

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Terri Martens

SCHEDULE

**H**

(Rev. 02/08)

CAMPAIGN  
PROPERTYATTACH SCHEDULE H TO  
EACH REPORT, MAKING  
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF  
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 0

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YR)	Name and Address of Purchaser/Donor	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ 0

(Attach Additional Schedules if Needed)

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
(For Schedule H)